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## Certificate of Facsimile Transmission

I hereby certify that the attached Transmittal (2 pages) and Response to the Office Action dated June 8, 2005 (6 pages) are submitted to the U.S. Patent and Trademark Office via facsimile number (571) 273-8300 on the date shown below. (Total 8 pages).


  
Li Mei Vermilya

Date: September 7, 2005

 PATENT APPLICATION  
 Docket No.: 9898-305  
 Client Ref. No.: SS-18660-US

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Seok-Jun WON

|                   |  |                 |                     |
|-------------------|--|-----------------|---------------------|
| Serial No.:       | 10/676,865   | Examiner:       | Loke, Steven Ho Yin |
| Filed:            | September 30, 2003   | Group Art Unit: | 2811                |
| Confirmation No.: | 7630   |                 |                     |
| For:              | FLAT-TYPE CAPACITOR FOR INTEGRATED CIRCUIT AND<br>METHOD OF MANUFACTURING THE SAME |                 |                     |

 Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Responsive to the Office Action dated June 8, 2005, enclosed is an amendment in the above-identified application.

The fee has been calculated as shown below.

| CLAIMS AS AMENDED                          |                           |                    |       |           |                   |
|--|---------------------------|--------------------|-------|-----------|-------------------|
| For:                                       | Number After<br>Amendment | Previous<br>Number | Extra | Rate      | Additional<br>Fee |
| Total Claims                               | 12                        | 30                 | 0     | x \$50 =  | \$0               |
| Independent Claims                         | 3                         | 4                  | 0     | x \$200 = | \$0               |
| TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT |                           |                    |       |           | \$0               |

\*greater of twenty (20) or number for which fee has been paid  
 \*\*greater of three (3) or number for which fee has been paid

Any deficiency or overpayment should be charged or credited to deposit account number 13-1703.

**Customer No. 20575**

Respectfully submitted,

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AMENDMENT

Responsive to the office action, Paper No. 20050602, mailed on 8 June 2005, please  
amend the application as follows.

**Claim Amendments** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.

Docket No. 9898-305

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Application No. 10/676,865